

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/58
APPLICANT(S)

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED

RECOMMENDATION

AFTER

ND.	DEP.
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DEP.	
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DEP.	
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can

DEF.

IND.

DEP

INI	
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DEP

TOTAL CLAIMS	TOTAL DEF.	TOTAL IND.	TOTAL
50	49	48	47
49	48	47	46
48	47	46	45
47	46	45	44
46	45	44	43
45	44	43	42
44	43	42	41
43	42	41	40
42	41	40	39
41	40	39	38
40	39	38	37
39	38	37	36
38	37	36	35
37	36	35	34
36	35	34	33
35	34	33	32
34	33	32	31
33	32	31	30
32	31	30	29
31	30	29	28
30	29	28	27
29	28	27	26
28	27	26	25
27	26	25	24
26	25	24	23
25	24	23	22
24	23	22	21
23	22	21	20
22	21	20	19
21	20	19	18
20	19	18	17
19	18	17	16
18	17	16	15
17	16	15	14
16	15	14	13
15	14	13	12
14	13	12	11
13	12	11	10
12	11	10	9
11	10	9	8
10	9	8	7
9	8	7	6
8	7	6	5
7	6	5	4
6	5	4	3
5	4	3	2
4	3	2	1
3	2	1	0
2	1	0	
1	0		
0			

TOTAL IND. TOTAL	TOTAL DEF. TOTAL	TOTAL CLAIMS
100	99	99
98	97	98
96	96	97
94	95	96
93	92	95
91	90	94
89	88	93
88	87	92
86	85	91
84	84	90
83	82	89
81	81	88
80	80	87
79	79	86
78	78	85
77	77	84
76	76	83
75	75	82
74	74	81
73	73	80
72	72	79
71	71	78
70	70	77
69	69	76
68	68	75
67	67	74
66	66	73
65	65	72
64	64	71
63	63	70
62	62	69
61	61	68
60	60	67
59	59	66
58	58	65
57	57	64
56	56	63
55	55	62
54	54	61
53	53	60
52	52	59
51	51	58
50	50	57
49	49	56
48	48	55
47	47	54
46	46	53
45	45	52
44	44	51
43	43	50
42	42	49
41	41	48
40	40	47
39	39	46
38	38	45
37	37	44
36	36	43
35	35	42
34	34	41
33	33	40
32	32	39
31	31	38
30	30	37
29	29	36
28	28	35
27	27	34
26	26	33
25	25	32
24	24	31
23	23	30
22	22	29
21	21	28
20	20	27
19	19	26
18	18	25
17	17	24
16	16	23
15	15	22
14	14	21
13	13	20
12	12	19
11	11	18
10	10	17
9	9	16
8	8	15
7	7	14
6	6	13
5	5	12
4	4	11
3	3	10
2	2	9
1	1	8
0	0	7
0	0	6
0	0	5
0	0	4
0	0	3
0	0	2
0	0	1
0	0	0

U.S. DEPARTMENT OF COMMERCE